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SERIAL NUMBER 09/777,732	FILING DATE 02/06/2001 RULE	CLASS 435	GROUP ART UNIT 1637	ATTORNEY DOCKET NO. 01948-059001
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/199,327 04/24/2000
 and claims benefit of 60/238,718 10/06/2000
 and claims benefit of 60/239,635 10/12/2000
 and claims benefit of 60/240,735 10/16/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/29/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 19	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 12
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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 26161
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TITLE
 Measurement of protective genes in allograft rejection

☐ All Fees

<p>FILING FEE RECEIVED 939</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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